

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>[Signature]</i>	932	01-25-01
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	907	5-8-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
1	1/26/02
2	1/26/02
3	1/26/02
4	1/26/02
5	1/26/02
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50	1/26/02

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet

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